

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSICE

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Maeda	Nancy	H.	(808) 689-7772	
MAILING ADDRESS (Street)			FAX	
91-1001 Kaimalie Street Suite 205			(808) 689-5757	
(City)	(State)		(Zip Code)	
Ewa Beach	Hawaii	96706-6250		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Haseko (Hawaii), Inc.			(808) 689-7772	
MAILING ADDRESS (Street)			FAX	
91-1001 Kaimalie Street Suite 205			(808) 689-5757	
(City)	(State)		(Zip Code)	
Ewa Beach	Hawaii	ławaii 96706-6250		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LO	TELEPHONE		
Haseko (Ewa), Inc.	(808) 689-7772		
MAILING ADDRESS (Street)	FAX		
91-1001 Kaimalie Street, Si	(808) 689-5757		
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Nancy H. Maeda		(808) 689-7772	
MAILING ADDRESS (Street)		FAX	
91-1001 Kaimalie Street, Suite 205		(808) 689-5757	
(City)	(State)	(Zip Code)	
Ewa Beach	Hawaii	96706-6250	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	on Housing	Public Safety & Corrections			
PART IV CERTIFIC	CATION OF LOBBYIST				
I hereby certify to	hat the inform <del>ati</del> on furnished abov	e is, to the best of my knowled	lge, correct and complete.		
Dishaeda 12/26/08					
(Signature of Lobbyist)			(Date)		
PART V AUTHOR	IZATION TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Tsutomu Sagaw	va .	Executive Vice President			
NAME OF ORGANIZATION	ON (if applicable)		TELEPHONE		
Haseko (Hawai	i), Inc.		(808) 689-7772		
MAILING ADDRESS (Street)			FAX		
91-1001 Kaimalie Street Suite 205			(808) 689-5757		
(City)	(State)	(State)			
Ewa Beach	Hawaii	Hawaii 96706-6250			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the unders igned.					
	1.		1/3/07		
(Signature of Authorizing Officer or Person Represented)			(Date)		

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